## **Type of Inspection** New Annual 💢 Follow-Up \_\_\_\_\_ (Prev. Inspection Date) Complaint Courtesy

NCDA&CS, VETERINARY DIVISION ANIMAL WELFARE SECTION 1030 MAIL SERVICE CENTER, **RALEIGH, NC 27699-1030** PHONE: 919/715-7111, FAX: 919/733-6431

Pink= Owner

INDOOR COUTDOOR 

## ANIMAL WELFARE INSPECTION

<b>GPS Coordinates -</b>	N: 3 5 4	4875 w. L	82.5	[3]3[0]3]
LICENSE #: 1869 TYPE FACILITY: Animal Shelt BUSINESS NAME: 1 Some OWNER: David Share ADDRESS: 3 McKenna 1 TELEPHONE: (828 ) 681 - VMO Howter COUNTY Borosmbe	art #1207 -Manager Road, Ard 5343			
Number of Primary Enclosures _	9	Animals Present: Dogs	٥	Cats 3
Inspector: Mark "X" in each box, if adequate.  Circle each item number, if inadequate.  Use NA if not applicable				
STRUCTURE	SANI	TATION	SPEC	TAL ITEMS
Housing Facilities 1. Structure & Repair 2. Ventilation & Temp. 3. Lighting 4. Ceiling, Wall, Floors 5. Storage 6. Water Drainage	( <b>X</b> 12. <b>Y</b> 13. <b>X</b> 14. <b>X</b> 15. <b>X</b> 16. <b>X</b> 17.	Waste Disposal Odor Ceiling, Wall, Floors Primary Enclosures Equipment & Supplies Washrooms, Sinks, Basins Insect/Vermin Control Building & Grounds	¥24. ¥25. <sub>M</sub> 26.	Description of Animals Records/Vet Treatment Origin/Disposition Signature (boarding kennel) Written permission from owner for commingling (doggie daycare)
Primary Enclosures 7. Structure & Repair 8. Space 9. Ventilation & Temp. 10. Adequate Shelter	×19. ×20. ×21.	Adequate Feed/Water Food Storage Personnel Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area Animals' Appearance	<b>¥</b> 28. <u><b>Veter</b></u>	care in Transit Discussed  inary Care Isolation Facility No Signs of Illness/ Treated
APPROVED DISAP  Jan Jones  Lipspector's Sign	PROVED Date	Panel	Time:	Oglessonized Agent's Signature

Canary= Inspector

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White= Office

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